

County of Los Angeles – Department of Mental Health
OFFICE OF THE MENTAL HEALTH COMMISSION

Thursday, January 24, 2013

~ **Minutes** ~

**Please note the minutes are a brief summary and
not a word for word transcription of events at this meeting.**

Larry Gasco, Chairman, Presiding

I. Call to Order – Larry Gasco

- The meeting was called to order by Larry Gasco
- Roll Call by Canetana Hurd, Commission Staff
Attendance recorded as follows:
Absent excused: Victoria Sofro, Hayward McNeill, and Phillip Chen
- Approval of Minutes – Larry Gasco
December 2012 minutes were approved. **MSC – Lubin/Perrou**

II. Chairman's Report – Larry Gasco

- **Commission Updates** – Congratulations to Terry Lewis, Executive Director's appointment to the California Mental Health Planning Council.

Several Commissioners and DMH staff attended a memorial service for Ilean Rabens hosted by her family. Ms. Rabens passed away in December 2012. Commissioner Perrou and Terry Lewis spoke about Ms. Rabens' remarkable life and tireless contribution to arts and education.

- Nominations Committee – Chairman Gasco appointed Commissioner Lubin to serve as Chair of the 2013 Nominations Committee to oversee the fiscal year 2013-14 election.
- **Executive Committee Report** – The meeting was held January 10, 2013. Meeting topics: 1) Annual MHSA update given by Dr. Debbie Innes-Gomberg. SAAC Chairs and DMH District Chiefs attended, and 2) A briefing of the public meeting held in the Antelope Valley on December 20, 2012. Attendance at the public meeting was very successful. Many dignitaries and representatives from local business and government agencies in the community attended.
- **MHC/SAAC Chairs Report** – The meeting was held January 8, 2013. Commissioners received the SAAC manual, a pilot project contracted out by the Department. Terry Lewis urged Commissioners to continue reviewing the manual for accuracy. Ms. Lewis also encouraged more SAACs to attend the monthly SAAC Chairs meeting particularly SAAC 1.

III. DMH Report – Rod Shaner, MD, Medical Director DMH reported the following:

Budget – There are 8 strategic initiatives embedded in the department's proposed budget:

1. Preparing for health reform: Integration (consultation, coordination and referrals), BH, substance abuse, Management (outcomes, payment reform, and coordination with health plans, access and treatment to target): LIHP, Duals,
2. Expansion of services to TAY
3. Implementation of PES decompression: residential, UCC, partnership with DHS.
4. Continued delivery of Public Safety Realignment AB109: readmission, court issues,
5. Tech infrastructure: MOC telemental health, prescribing, telemh,
6. Special needs housing and services for homeless clients,
7. Focus on school violence prevention programs in collaboration with education and law enforcement,
8. Expansion of services to veterans and their families.

Focus has increased on DMH because of the legislative issues impacting the fiscal cliff and possible new funding streams.

Avatar – The department's automated medical records system is going well. DMH is working to modernize current systems into ePrescribing by September 2013.

Dual Eligible Pilot – The project's start date was moved to October 2013. The potential benefits of the pilot are increase access to specialty mental health for broader range of beneficiaries; become a new way to deliver integrated care; and improve care coordination between primary care, mental health, substance abuse disorder and social services for high risk beneficiaries.

Legislative Report – Susan Rajlal, Legislative Analyst

Ms. Rajlal circulated legislature contact information for both the California Assembly and Senate subcommittees on health. Ms. Rajlal reported using the contact information will help support issues such as SB 22 enforce mental health parity and health care coverage.

IV. Commissioners' Reports

- **Arnold Gilberg** reported that he visited the Los Angeles County Men's Central Jail Mental Health Services and that the services provided from the mental health teams are outstanding and the staff is responsive.
- **Jerry Lubin** reported that he attended the SLT meeting and ad hoc committee. The purpose of the ad hoc is to improve the effectiveness of SLT.
- Commissioner Lubin congratulated Terry Lewis' appointment to the California Local Mental Health Planning Council. He stated that the Commission is lucky to have staff on the planning council. Commissioner Lubin also discussed the importance of learning and training on mental health issues so it can be adequately treated for both mental and physical health issues. Mr. Lubin further stated DMH officer scholarships to psychology or psychiatric residents to work and live in the Antelope Valley.
- **Herman DeBose** requested Jo Ellen Perkins, DMH Mental Health Clinical District Chief to prepare a summary of the five unmet needs in Service Area 1. Commissioner DeBose circulated the document and briefly discussed its context (see handout attached). Commissioner DeBose reported that he would like to see DMH administration coordinate with Ms. Perkins and the communities take action to increase and expand services in the Antelope Valley. Commissioner De Boise further reported he wants to reach out to the Commissioners who are in the psychiatric business for assistance.
- **Barry Perrou** announced the 17th Annual Stepping In Conference will be held Wednesday, April 3, 2013 from 7 am to 12:45 pm at the Norwalk Doubletree Hotel. Topics are Social Media: Recognizing Online Risky Behavior and Understanding Targeted Violence.
- **Howard Askins** reported that the Clinical Snapshot narrative dates September 2013 is comprehensive and helpful for the Commission. He further stated the narrative is intended to shape data to be relevant to the Commission as changes impact DMH. Commissioner Askins also reported that the department is working toward adding information on complaints, rights in terms of restraints, and family issues to the narrative.
- **Frank Baron** – attended the quarterly CALMHBC meeting held January 17-19, 2013 in San Diego along with other Commissioners. A

discussion took place on two topics: California Hospital Association on LPS recommendations #2, #6, #13, #14, and the PERAT (Psychiatric Emergency Response Team) in Orange County.

- **Delores Huffman** attended the CALMHBC meeting in San Diego and reported that the MHSOAC (Mental Health Services Oversight and Accountability Commission) will oversee the CALMHBC. Commissioner Huffman discussed responses she received at the December 20th meeting about the lack of housing resources in the Antelope Valley. Commissioner Huffman further announced Pacific Clinics is offering mental health first aid training in the coming months.
- **Judy Cooperberg** distributed newspaper articles from Antelope Valley about the Commission's December public meeting. The articles were about the lack of mental health services in the AV and a personal story from a community resident who spoke at the meeting. Commissioner Cooperberg also reported that over 180 attended the meeting. It was a wonderful opportunity for the community to talk about unmet needs in the AV; significant not only to the Commission but AV.

V. **SAAC/Community Reports/LACCC**

Substance Abuse Prevention and Control (SPAPC) – Wayne Sugita, Deputy Director, Department of Public Health

SAPC is moving forward integrated services in the following:

- Dual eligibility pilot
- Close to having co-located in all hubs
- Received funding for a pilot for community environment prevention for alcohol and substance abuse
- Received SAMHSA grant to assist providers prepare for integration changes and network with business to transfer to integration.

SAAC Reports –

SAAC 1 – Jean Harris, President of NAMI Antelope Valley, reported on the SAAC 1 meeting held January 17:

- Ms. Harris was elected Co-chair of SAAC 1
- Group discussed AV unmet priority needs; services for children, food, special needs, 211 resources list, and emergency room psych beds for children or transportation to facilities.
- Will meet with Sheriff in February to collaborate MET law enforcement training

SAAC 5 – Maria Tan reported that the SAAC members discussed tentative plans to hold the Client Congress at LA Convention Center. Ms. Tan further reported that the SAAC is looking for a delegate for the Client Congress, and an alternate for older adult population. Ms. Tan further reported that there is

no directly operated clinic in Service Area 5 and a lack of primary care for those who have Medi-Care.

SAAC 8 – John Czernek, SAAC 8 Co-Chair, reported that various trainings and reviews of the trainings will take place. Mr. Czernek also reported that the SAAC plans to invite Dr. Innes-Gomberg to update the group on the annual MHSA plan. Mr. Czernek further reported that there will be a LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) presentation coming soon.

Los Angeles County Client Coalition (LACCC) – Pam Inaba announced the following:

- Upcoming events
- 2nd Annual Innovations in Recovery Conference (A Client/Consumer Perspective) June 3, 2013
- BLACCC (Black Los Angeles County Client Coalition) conference on February 23, 2013.

Ms. Inaba also reported that the LACCC continues to outreach to and engage various communities and recruit to increase coalition membership.

VI. **Public Comments –**

Maria Tan – See SAAC 5 report

William Legere – Urge Commissioners to speak with legislature regarding state budget.

Dennis Miller – Discussed 1) I want to wish you all a very more hopeful new year 2013, and 2) I got a bill from the Glendale Adventist Hospital over the costs of having my pace maker (July 3, 2002) 3 days. I was told I am responsible for the unpaid portion of the cost by January 29, 2013. \$1,156.87 what can I do. I have Health Net and Medi-care to take care of my health care needs as a senior at 62 (68 April, 09) was the year around Easter each year with my twin sister Joan Gates that lives in Grand Pass, Organ on part was paid the other provider \$1000.

Barbara Wilson – Pursuant to my son's death, I received a call from the detective following up again on my missing persons report. It seems that if there is an ACTIVE law enforcement case open, HIPPA law provides for disclosure of client info to law enforcement agencies. Apparently LA County Mental Health continues to refuse to give into. [citing HIPPA].

Dr. O'Brien – I want to thank the Commission for allowing me to participate in the statewide local mental health commissioners meeting and my appointment at the federal level.

Luis L. Druyet – There are several religion and no religion groups that are moved unprejudiced for the use of alcohol. They take into account only the behavior of very few people that are having problem of lack of self-control. But I have and I read the books, "How to Reserve the Illness of Health." "Encyclopedia of Health" bottom line of 2001, 2, 3, 4" Total of five books and all of them recommended the use of daily alcohol no more that 3 ounces a day for improvement of health.

Victoria Emerick – As apparent of an adult age daughter as a high school teacher of mentally/physically challenged children in LA Unified School District and as grandparent of a soon to be thirteen year old grandson in the middle school system of Los Angeles County, has a vested interest and anxiety about their security based on local incidents/shootings. I do not believe that one armed law enforcement officer rotating through the campuses is enough. I already detest barbed wire on top of brick walls and chain link fences. Through the years I view these measures of security with mixed reasoning of cringing and a sense of “oh well—that’s the way of our community lives.” I do not have a solution to propose. I do appreciate any recommendations this commission can accomplish within your jurisdiction.

Dwayne Clements – I would like to address mental health training program (First Aid).

VII. Meeting adjourned/NEXT MEETING

Thursday, February 28, 2013

11 am – 1:30

Kenneth Hahn Hall of Administration

Room 739

500 West Temple Street

Los Angeles, CA 90012

Please contact the Commission office at (213) 738 4772 if you need more information

Minutes prepared by Canetana Hurd

ATTACHMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SERVICE AREA 1 ADMINISTRATION

SERVICE AREA PRIORITY UNMET NEEDS

Providers, Service Area Advisory Committee members and other community members have identified the following top 5 priorities to address the unmet needs in the Antelope Valley:

Urgent Care for Adults and Children/Adolescents:

As there are few hospital beds for adults and no beds for children and adolescents, most community residents must go outside of the area if they require psychiatric stabilization or inpatient hospitalization. To address the immediate needs of safety and stabilization, the work load of law enforcement who often respond to psychiatric emergencies in the community, and the ability of family to remain involved in the process and participate in planning, the community supports the development of an urgent care center that can assess, provide medication supports, develop discharge plans with current service providers and family as appropriate, and mitigate the need for inpatient psychiatric hospitalization.

MET Team (Mental Health Evaluation Team):

MET is a collaboration of law enforcement and mental health to assess crises in the community – especially when those crises may require law enforcement involvement, or when crises calls come into law enforcement and there may be an issue of mental health. Psychiatric Mobile Response Team services are limited in the Antelope Valley, and cannot cover all of the geographic area or service needs. If problems arise while PMRT is in the field, the team contacts law enforcement to assist – often with law enforcement personnel that do not have specialized training in assessing/working with individuals presenting a mental illness, and often with lengthy wait time. MET is successful throughout the County in combining the expertise of disciplines to facilitate quick and safe outcomes, including hospitalization.

Psychiatry:

The Antelope Valley has historically had difficulty with recruitment and retention of psychiatrists – in DMH, in the provider community, in the hospital and private practitioners. The few psychiatrists who are available are unable to meet current demands, creating wait times to receive services. Within DMH and the provider community, services are increasingly provided through telemedicine, which has been an excellent alternative to face-to-face care. The community supports developing incentives to encourage psychiatrists to practice in the Antelope Valley – including increased rates, and travel and transportation incentives for those who live outside of the area. As people are unable to access medication services quickly, they resort to using hospital emergency rooms to meet their needs which is costly and inefficient.

Capacity:

The community supports increasing overall funding capacity for all age groups at all levels of care – with attention to the most vulnerable and highest risk residents. As the Antelope Valley population shifts and changes with the economy (housing boom/bust, etc.) people move from other parts of the County and access services that were allocated based upon the community population and needs. As one example, AV has one of the highest percentages of foster youth placed in out of home care – 1/3 from the Palmdale DCFS office, 1/3 from the Lancaster DCFS office and 1/3 from all other parts of the County. Funding for services related to specialized foster care, in large part, based upon the numbers of detentions from the two local offices, without consideration of the large number of children placed from outside of the area. The same is true with all levels of care.

Homeless Services/Housing/Transportation:

The community had a more difficult time separating these three needs. While there are some homeless services in the area, there are few housing resources. Landlords have become increasingly ambivalent about renting to mental health consumers based upon previous experiences, consumers have difficulty passing the background check and finding/maintaining employment to support their housing/basic needs.

Transportation often prevents people from accessing services that they may have available to them. If one does not have a car or other form of personal transportation, they must rely on the bus (Antelope Valley Transit Authority). A bus ride can take several hours each way, depending upon where in the valley the trip begins and ends. Anecdotal accounts from our most vulnerable population always recount frustration, confusion, and fear about taking public transportation. For several years, providers have been talking about pooling resources and using agency vans to develop a transit system for mental health consumers – door-to-door pick-up and delivery to ensure that people are able to keep appointments and avoid having to walk sometimes miles to get to the bus stop.

There are numerous other needs identified. All are interrelated. The areas above, represent the most common themes and those that the Antelope Valley community of residents and providers has grappled with for many years.

Submitted by: JoEllen Perkins, LCSW
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